
Adult Medical Emergencies:

Seizures



Note Well: *This protocol applies to patients with unusually prolonged altered mental status after seizure activity, and patients with multiple or continuous seizure activity.*

I. All Provider Levels

1. Refer to the Patient Care Protocol.
2. Provide 100% oxygen via NRB and the appropriate sized nasopharyngeal airway, if respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Protect patient from further injury. **Do Not Restrain.**
4. Obtain blood glucose level.



II. Advanced Life Support Providers

1. Attach EKG and interpret rhythm
2. Establish an IV of Normal Saline KVO or Saline lock.
3. If hypoglycemia (reading of <60 mg/dL) is present:
 - A. Administer 100 mg of Thiamine IVP.
 - B. Administer 25 gms of Dextrose 50% IVP.
 - C. Reassess patient. Repeat 25 gms of Dextrose 50% IVP if there is little or no change in mental status.
 - D. If unable to obtain IV access, administer 1.0 mg Glucagon IM. Reassess patient.



Note Well: *If the patient is still experiencing seizure activity, proceed to Medical Control options*

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III. Transport Decision

1. Transport to the closest appropriate open facility



IV. The Following Options are Available by Medical Control Only

1. Diazepam 2.0 - 5.0 mg slow IVP to a maximum of 10 mg
 - A. Reassess every 3 - 5 minutes after administration
2. Midazolam 1.0 - 2.0 mg IVP to a maximum of 5.0 mg.
3. Flumazenil, to a maximum dose of 2.0 mg for provider induced diazepam overdose



Note Well: *If the patient becomes apneic assist ventilations utilizing BVM with 100% oxygen. If spontaneous respirations do not occur within 5 minutes initiate advanced airway management (ET or Combi-tube).*